

# 2000 NIIW ACTIVITY REPORT

The NIIW 2000 Resource Kit was designed to assist partners in organizing, coordinating, and promoting activities related to the observance of NIIW and to help promote childhood immunization throughout the year. Please help us continue to provide useful materials to our partners by completing this survey and returning it to the National Immunization Program by **March 1, 2000**.

This information will be included in a national listing of NIIW events. Please help others in their future planning by writing a couple of paragraphs describing your event planning. Include details such as cost of the event, number of people and celebrities anticipated to participate, description of activities, target audience, follow-up plans, contact person, etc.

## Who is submitting...

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Affiliation: \_\_\_\_\_

## Event details

Name of event: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Planning lead time: \_\_\_\_\_ Cost, if any: \_\_\_\_\_

## Event type (check all that apply):

- ☐ News conference
- ☐ Health fair
- ☐ Volunteer recognition
- ☐ Coalition meeting
- ☐ Fundraising event
- ☐ Television program
- ☐ Radio program
- ☐ Professional training
- ☐ Volunteer recruitment & training
- ☐ Public education
- ☐ Other: \_\_\_\_\_

## If immunizations will be available, indicate information on scheduling:

- ☐ No appointment needed/  
walk-ins accepted
- ☐ Appointments preferred, but  
not necessary
- ☐ Appointments needed, call  
in advance

## Do you expect special guests or celebrities at your event?

Yes \_\_\_\_\_ No \_\_\_\_\_  
Special guests/VIPs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATIONAL  
INFANT  
IMMUNIZATION  
WEEK

APRIL 16-22, 2000



IMMUNIZATION: OUR WORK HAS JUST BEGUN

**Target Audiences** (you may select more than one for each event):

- ☐ Parents and caregivers of infants and young children  
☐ Health care providers  
☐ Media  
☐ Local community residents  
☐ Community leaders  
☐ Other

Host/Sponsor of the Event: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

What services or products did host or sponsor provide?

---

---

---

---

Description of event (please use additional space if necessary): \_\_\_\_\_

---

---

---

---

---

---

---

---

This information will be included in a national listing of NIIW events. Please include any information that might help others in their planning.

Fax to (404) 639-8555, or mail to:  
Community Outreach and Planning Branch/NIIW  
Immunization Services Division  
National Immunization Program  
1600 Clifton Road, MS E-52  
Atlanta, GA 30333